Pat Borker

|  |   |   |   |  |                                      |  |      |   | 7                            |        |                     |  |
|--|---|---|---|--|--------------------------------------|--|------|---|------------------------------|--------|---------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004   |   |   |   |  |                                      |  |      |   | Application or Docket Number |        |                     |  |
|  | <u>.</u>  | CLAIMS A                                  | (Column 1)  |  |                                      | (Column 2)                             | _    | SMALL ENT                               | rity /                       | OR     | OTHER<br>SMALL I    |  |
| U.S. NATIONAL STAGE FEES   |   |   |   |  |                                      |  |      | RATE                                    | FEE                          | ]      | RATE                | FEE  |
| BASIC FEE  |   |   | SMALL ENT. = \$ 150                                 |  | LAR                                  | LARGE ENT. = \$ 300                    |      | BASIC FEE                               | 1511                         | OR     | BASIC FEE           | <del> </del>                                     |
| EXAMINATION FEE  |   |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100 |  | All other situations = \$100 / \$200 |  |      | EXAM. FEE                               | 1/1/                         | 1      | EXAM. FEE           |  |
| SEARCH FEE   |   |   | U.S. is ISA = \$<br>ALL other cou                   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                      | All other situations = \$ 250 / \$ 500 |      | SEARCH FEE                              | 30                           |        | SEARCH FEE          |  |
| FEE FOR EXTRA SPEC. PGS.   |   |   | minı  | minus 100 =  |                                      | / 50 =                                 |      | X \$ 125 =                              |                              |        | X \$ 250 =          |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | 4 Comir   | #  |                                      |  |      | X \$ 25 =                               | 150                          | OR     | X \$ 50 =           |  |
| INDEPENDENT CLAIMS   |   |   | 4 m   |  |                                      | 1                                      |      | X \$ 100 =                              | 11/2)                        | OR     | X \$ 200 =          | <del>                                     </del> |
| MUL  | TIPLE DEPEN   | DENT CLAIM PRE                            | ESENT   | ESENT  |                                      |  |      | + \$ 180 =                              | 180                          | OR     | + \$ 360 =          | <del> </del>                                     |
| * If   | the difference  | in column 1 is I                          | less than zero                                      | ess than zero, enter "0" in co                                       |                                      |  | 9 6  | TOTAL                                   |                              | OR     | TOTAL               | <del></del>                                      |
|  | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS   HIGHEST |   |   |  |                                      |  |      | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                              |        |                     |  |
| ENT A  |   | REMAINING<br>AFTER<br>AMENDMENT           |   | NUMB<br>PREVIO<br>PAID F   | BER<br>DUSLY                         | PRESENT<br>EXTRA                       |      | RATE                                    | ADDI-<br>TIONAL<br>FEE       | ·      | RATE                | ADDI-<br>TIONAL<br>FEE                           |
| AMENDMENT  | Total   | *   | Minus   | **   |                                      | =                                      |      | X \$ 25 =                               |                              | OR     | X \$ 50 =           |  |
| AME  | Independent   | *   | Minus   | ***  |                                      | =                                      |      | X \$ 100 =                              |                              | OR     | X \$ 200 =          |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                  |   |   |  |                                      |  |      | + \$ 180 =                              |                              | OR     | + \$ 360 =          |  |
| ÷  | :   |   |   | ,  |                                      |  | j te | TOTAL ADDIT.<br>FEE                     |                              | OR     | TOTAL ADDIT.<br>FEE |  |
|  |   | (Column 1)                                |   | (Colum   |                                      | (Column 3)                             |      | ·<br>·                                  |                              | '<br>_ | *                   |  |
| INT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHE<br>NUMB<br>PREVIOU<br>PAID F                                   | BER<br>OUSLY                         | PRESENT<br>EXTRA                       |      | RATE                                    | ADDI-<br>TIONAL<br>FEE       |        | RATE                | ADDI-<br>TIONAL<br>FEE                           |
| AMENDMENT  | Total ·   | *   | Minus   | **   |                                      | Ė                                      |      | X \$ 25 =                               |                              | OR     | X \$ 50 =           |  |
| AME  | Independent   | *   | Minus   | ***  |                                      | = ′                                    |      | X \$ 100 =                              |                              | OR     | X \$ 200 =          |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                  |   |   |  |                                      |  |      | + \$ 180 =                              |                              | OR     | + \$ 360 =          |  |
| TOTAL ADDIT.<br>FEE  |   |   |   |  |                                      |  |      |   |                              | OR     | TOTAL ADDIT.<br>FEE |  |
|  |   |   |   | ,  |                                      |  |      |   |                              |        |                     |  |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".</li> <li>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</li> </ul> |   |   |   |  |                                      |  |      |   |                              |        |                     |  |